

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$140.86 for date of service 03/23/01.
- b. The request was received on 03/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical documentation
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/28/02. The initial response from the insurance carrier was received in the Division on 06/24/02. There was no 14 day response.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/17/02

“In summary, we strongly feel and believe that we should be reimbursed an additional \$140.86 plus interest since the EOBs clearly reflect what other insurance carriers are paying as ‘fair and reasonable’ in our geographical area[sic]”

2. Respondent: Letter dated 06/20/02

“We agree with (Audit Company) audits and request the Medical Review Division to find the amount reimbursed to be fair and reasonable, and the requestor is due no more monies for these dates[sic] of service.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/23/01.
2. The explanation of denial listed on the EOB is “F”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/23/01	L3914	\$200.00	\$59.14	F	DOP	MFG DME (IX)	The carrier denied the additional reimbursement on the submitted EOB as “F”, with no further explanation. The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement is recommended in the amount of \$140.86.
Totals		\$200.00	\$59.14				The Requestor is entitled to reimbursement in the amount of \$140.86.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$140.86 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb